

**Department of Veterans Affairs (VA)**  
**Advisory Committee on Women Veterans Meeting Minutes**  
**VA Central Office**  
**810 Vermont Avenue, NW**  
**Washington, DC 20420**  
**Rooms 230 and 930**  
**December 4-6, 2012**

**VA Advisory Committee on Women Veterans (ACWV) Members Present:**

COL Shirley Quarles, Chair, USAR, Retired	1SG Delphine Metcalf-Foster, USA, Retired
CDR Sherri Brown, USCGR	MSgt Mary Morin, USAF, Retired
Gina Chandler, USAF, Veteran	Robin Patrick, USN, Veteran
Larri Gerson, USAF, Veteran	Charlotte Smith, USA, Veteran
SPC Latoya Lucas, USA, Retired	Col. Felipe Torres, USMC, Retired
Sara McVicker, USA, Veteran	COL Mary Westmoreland, USA, Retired

**ACWV Ex-Officio Members Present:**

Dr. Patricia Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration (VHA)	Lillie Jackson, Assistant Director, Buffalo VA Regional Office (VARO), Veterans Benefits Administration (VBA)
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COL Betty Yarbrough, Military Director,  
Defense Advisory Committee on  
Women in the Services

**ACWV Advisor Present:**

Faith Walden, Program Analyst, Office of  
Finance and Planning, Business  
Process Improvement Service, National  
Cemetery Administration (NCA)

**ACWV Advisor Excused:**

CDR Michelle Braun, Nephrology Nurse  
Practitioner, National Institute of  
Health

**VA Staff:**

**Center for Women Veterans (CWV)**

Dr. Irene Trowell-Harris, Director  
Dr. Betty Moseley Brown, Associate Director  
Desiree Long, Sr. Program Analyst  
Shannon Middleton, Program Analyst

Michelle Terry, Program Support  
Juanita Mullen, Program Analyst  
MAJ Khanh Diep, Intermediate-Level  
Education (ILE) Army Fellow

**VBA**

Anna Crenshaw, Benefits Assistance Service  
(BAS)  
Anna Elazan, Compensation Service  
Christi Greenwell, BAS  
Bridget Griffin, BAS  
Desiree Tiggart, BAS

**Office of Policy and Planning**

Maribel Aponte  
George Fitzelle  
Tom Garin

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**Office of Budget and Management**  
Steven Henig

**Center for Minority Veterans**  
Renaee Allen

**Human Resources Administration**  
Kenya Smith

**Guests:**

Heather Ansely, Vets First  
Maynard Friesz, Easter Seals  
Joy Ilem, Disabled American Veterans

Babette Peyton, Young Entrepreneurs of  
the Universe (YEU) Veteran Initiatives  
Teresa Morris, Veterans of Foreign Wars

*The entire meeting package with attachments is located in the Center for Women Veterans,  
Washington, DC.*

**Tuesday, December 4, 2012 – G.V. “Sonny” Montgomery Conference Room 230**

**Meeting was called to order by the Chair.**

- Items discussed included:
  - Introduction of committee members and visitors.
  - Reviewed agenda.
  - Approval of minutes from August 20-24, 2012 Advisory Committee on Women Veterans (ACWV) site visit to the VA Maryland Health Care System, in Baltimore, Maryland.

**Overview of Veterans Benefits Administration (VBA) Initiatives/Update on Staffing of Full-time Women Veterans Coordinators in Select VA Regional Offices, The Honorable Allison A. Hickey, Under Secretary for Benefits**

- VBA transformation overview:
  - VBA supports nearly 12 million Veterans, Servicemembers, their families, and survivors across VBA business lines.
    - Compensation and Pension:
      - Completed more than one million claims 3 years in a row.
      - Completed nearly 800,000 additional “non-rating” claims per year.
    - Since inception, awarded \$4.3 billion in agent orange/Nehmer claims to 153,000 Vietnam Veterans.
    - Post-9/11 GI Bill:
      - Issued \$23.8 billion for college and technical training to more than 866,000 Veterans, Servicemembers and their families, since August 2009.
      - Partially automated paperless GI Bill system, reducing days to complete a claim from 60 to 30.
    - Veterans Retraining Assistance Program (VRAP):

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- Training and education program for unemployed Veterans – more than 77,000 applicants to date.
  - VA-DoD Integrated Disability and Evaluation System (IDES):
    - Reduced average waiting time for claims from 262 to 54 days after separation, using four times the resources.
  - Loan Guaranty:
    - Helped 83 percent of Veterans (73,000) in default retain their homes; 10 percent more foreclosures avoided.
  - Veterans Benefits Management System (VBMS):
    - Deploying the electronic claims system at 18 stations in 2012; stations will receive the system by end of 2013.
  - Veterans Relationship Management (VRM):
    - Developed new telephone capabilities, improving Veterans satisfaction by 15 percent in six months.
  - eBenefits:
    - Enhanced portal with more than 48 self-service features; there are more than two million registered users.
- More claims results in more Veterans being served by VA:
  - Veterans added to rolls over last four years (more than today's combined Army and Navy Active Duty): 875,000.
  - Half a million new Veterans since FY 2008 received an average of more than \$14,000 additional annual income through compensation.
- VA's unprecedented support to women Veterans:
  - Compensation benefits: In FY 2012, 300,937 women Veterans received compensation benefits – an 8 percent increase from last year.
  - Pension benefits: In FY 2012, 12,594 women Veterans received pension benefits – a 3 percent increase from last year.
  - Home loan guaranty: In FY 2012, 56,302 women Veterans (10.43 percent of Veterans served) were guaranteed loans totaling \$12.5 billion – a 42 percent increase from last year.
  - Vocational Rehabilitation and Employment Services (VR&E): In FY 2012, 22,327 women Veterans participated in VR&E – a 4 percent increase from last year.
  - Education Service: In FY 2012, 106,953 women Veterans accessed education benefits—a 17 percent increase from last year.
  - Veterans Retraining Assistance Program (VRAP): In FY 2012, 14,939 women Veterans applied for the benefit (16.8 percent of total applicants).
  - Veterans Group Life Insurance (VGLI): In FY 2012, 55,550 VGLI policies belonged to women Veterans – a 3 percent increase from last year.
  - Servicemembers Group Life Insurance Traumatic Injury Protection (TSGLI): In FY12, 119 female Servicemembers received a TSGLI benefit – a 35 percent increase from last year.
- Military sexual trauma (MST) and associated PTSD:
  - VA recognizes the link between MST and PTSD/mental health and is working diligently and sensitively with these Veterans.

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- After 2011 review of 400 MST-related PTSD claims, VBA found the results (25 percent prematurely denied) unacceptable.
- During this time (June 2011), the grant rate was 34 percent. As a result, new training requirements were implemented:
  - Outreach and training on relaxed evidentiary standards for MST.
  - Women Veterans coordinators (WVC) with specialized training designated in regional offices (RO).
  - MST categorized as a special issue for claims processing (goes in special operations segmented lane).
  - New electronic flash distinguishes between these and other PTSD cases in the database, for better and unique tracking.
  - Semi-annual assessments will be conducted.
- The gap in PTSD grant rates is closed.
- Top five conditions claimed by women Veterans:
  - Knee condition; back condition; headaches/migraines; PTSD; depression.
- VA increasing outreach to women Veterans for faster, easier access to benefits and assistance.
  - Launched women Veterans outreach call center in June 2011; contacted more than 18,000 women Veterans since inception.
  - Deploying eBenefits enhanced user personalization, tailored specifically for women Veterans.
- Updates to recommendations from the 2012 Report of the Advisory Committee on Women Veterans:
  - Recommendation #9: That the Veterans Benefits Administration (VBA) develops a system-wide outreach strategic action plan that includes regional office-level measurable goals for both full-time and collateral-duty women Veterans coordinators (WVCs), to include required annual VA Central Office-level reporting requirements.
    - VBA is developing an outreach tool and user guide for outreach coordinators that will provide guidance for outreach. They will provide guidance and recommendations to assist WVCs in conducting consistent and robust outreach to women Veterans and ensure that women Veterans receive access to the information, benefits, and services.
    - VBA has developed an outreach campaign targeted toward women Veterans, which includes relevant messaging and outreach materials to include print, video, and web products. These products are designed to inform women Veterans of VA benefits and services.
  - Recommendation #10: That the VBA enhances its annual benefits report to include gender specific demographic information on women Veterans who receive VA benefits to identify opportunities for targeted outreach to women Veterans.
    - The Annual Benefits Reports (ABR) currently contains gender-specific data including a summary of recipients of compensation and pension.
    - VBA will explore additional opportunities to incorporate any available gender-specific demographic data in the ABR.

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**Briefing on the Duties and Responsibilities of Advisory Committee Members  
Dr. Irene Trowell-Harris, Director, Center for Women Veterans (CWV)**

- ACWV member should review charter and ethics briefing materials, to understand responsibilities and limitations of membership.
  - Any questions can be submitted to the Designated Federal Official (Dr. Irene Trowell-Harris) for clarification.
- Review previous reports, news releases, fact sheets, research studies and CWV Website, to become familiar with issues of interest to the ACWV.
- Remember that the ACWV addresses issues that impact the women Veterans population in general, or issues that may impact subpopulations not issues that are isolated to a local area or unique to one Veteran.
  - Regional and isolated issues are addressed on the local level, directly by VA staff.
- Actively serve on assigned subcommittee (benefits or health).
- Make recommendations that are based on briefings, etc., not personal issues or individual cases.
  - Suggest recommendations and rationales for the report, based on information acquired from meetings, forums, research, surveys, site visits, and summit/conferences, or other sources on a demonstrated need that will benefit the women Veterans population.
  - News articles are not strong direct references to support recommendations or rationales, since this information may not be well-founded or may not be validated by facts and research.
- The 2012 ACWV report was submitted to Congress on September 12, 2012.
- VA is currently implementing recommendations from the 2010 report.

**Update of Center for Women Veterans Activities/Update on Women Veterans Task Force/Women Veterans Program, Dr. Betty Moseley Brown, Associate Director, CWV; Major Khanh Diep, U.S. Army, VA Intermediate Level Education Fellow, CWV**

- Provided information on outreach activities:
  - Discussed VA's strategic goals and the Center's performance measures.
  - Provided update on Center's Web site statistics.
  - Discussed results of Centers informal questionnaire analysis of how Veterans wished to be addressed.
- Discussed the Secretary's initiative:
  - At the July 2011 National Training Summit on Women Veterans the Women Veterans Task Force (WVTF) was charged with developing a comprehensive VA action plan for resolving gaps in how our organization serves women Veterans.
  - The Women Veterans Program (WVP) was officially transferred to CWV on September 11, 2012. Internal operating plan is currently being executed by CWV.

**Ethics Briefing, Jonathan Gurland, Attorney, Office of General Counsel**

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- Presented mandatory ethics briefing to ACWV members.
- Members were encouraged to seek advice in writing from an ethics official in advance of taking action and complying with that advice will, in virtually all cases, protect a special government employee (SGE) from criminal prosecution or other administrative action.
- Ethics rules apply even if SGE serves without compensation and even on days when SGE is not directly performing government services.
- SGEs are government employees, but are subject to less restrictive conflict of interest requirements and ethics rules.

### **Health Care for Rural Women Veterans, Dr. Byron Bair, Acting Director, Office of Rural Health, VHA**

- Office of Rural Health (ORH) mission is to:
  - Improve access and quality of care for enrolled rural and highly rural Veterans by developing evidence-based policies and innovative practices to support their unique needs.
    - Collaborate with VA program offices, other Federal and state partners and rural health communities to build partnerships.
    - Engage in studies and analyses, and promulgate best practices.
    - Translate research and best practices into policy and measurable impacts.
- ORH initiatives:
  - Since 2009, ORH has expended just over \$1 billion, to increase access to and quality of health care for rural and highly rural Veterans.
  - Major initiatives have been in the areas of:
    - Telehealth and health IT; mental health and homelessness; establishment of rural community-based outpatient clinics and outreach clinics; rural Veterans outreach; geriatrics; rural provider training and education; transportation; contract care pilot program Project Access Received Closer to Home (ARCH).
- Project ARCH overview:
  - Designed to provide Veterans with health care services closer to where they live.
  - Augments existing VHA health care services by partnering with non-VHA, community health care providers to address site-specific needs.
  - A total of 2,900 Veterans have been served by ARCH in 2012.
  - Pilot program in the five pilot sites: Farmville, VA; Pratt, KS; Northern Maine; Flagstaff, AZ; Billings, MT.
- There are currently over 189,000 rural women Veterans enrolled in VHA, 34 percent of the total number of women Veterans enrolled in VHA and five percent of the total number of rural Veterans.
- Rural women Veterans using VA health care:
  - At least one third of women patients live in rural areas, suggesting the importance of assuring access to gender-and age specific VHA primary care and specialty care to rural areas.
  - Lower proportions of women Veteran patients from rural and highly rural areas had frequent utilization of VHA outpatient services than did women

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- from urban areas.
- The fee service most commonly used by highly rural women Veterans is mammography care.
- ORH FY 2013 projects serving rural women Veterans:
  - Funded 15 projects focused on rural women Veterans.
    - Total expenditures of \$3.2 million
  - Continuing our partnership with Women's Health Services:
    - To expand provider education on issues unique to rural women Veterans.
    - For expansion of telehealth specialty care for women Veterans.
  - Conducting rural women Veterans outreach and discussion groups.
  - Adding a mobile mammography unit in VISN 23:
    - To provide mammography services to VA facilities serving rural women Veterans.
  - Continuing operation of mobile clinics that provide services (mammography, bone scans, pap smears, breast cancer screening, and education) to women.

### **Update on Prosthetics for Women Veterans, Dr. Lucille Beck, Acting Chief Consultant, Prosthetics and Sensory Aids Service (PSAS), VHA**

- Services include orthotic and prosthetic services, restorations, and home oxygen.
- Devices provided to Veterans include:
  - Durable medical equipment and supplies.
  - Wheelchairs and accessories.
  - Eyeglasses, blind aids, low vision aids.
  - Hearing aids and assistive listening devices.
  - Health monitoring equipment.
  - Artificial limbs/custom braces.
  - Surgical implants.
  - Adapted sports and recreational equipment.
- Benefit programs include: automobile adaptive equipment (AAE); clothing allowance; and home improvements and structural alterations (HISA).
- PSAS recently realigned as a national program office within Rehabilitation and Prosthetic Services.
  - Restructure better aligns PSAS functions and responsibilities.
  - PSAS program office maintains its own Director and program staff, "special purpose" funding; there is no change in field structure.
  - Orthotic and prosthetic program aligned as a clinical section in Rehabilitation and Prosthetic Services.
- Prosthetic women's workgroup:
  - In 2008, PSAS established the Prosthetic Women's Workgroup (PWW) as an interdisciplinary collaboration of VA subject matter experts on women's health.
  - The purpose of the PWW is to enhance the care of women Veterans by focusing on the unique needs of women Veterans, and how those needs can best be met by the range of devices provided by PSAS.
  - Goals are to:
    - Ensure uniformity in the provision of prosthetic appliances across VA.

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- Eliminate availability concerns.
- Provide medically necessary prosthetic devices and medical aids to women Veterans in accordance with federal rules and regulations governing PSAS programs.
- Advocate new legislation, changes to existing legislations.
- Eliminate barriers to prosthetics care experienced by women Veterans.
- Explore contracting and procurement actions that provide devices made specifically for women.
- Identify emerging technology for women and propose ideas for research and development.
- Change culture and perception of women Veterans, through education and information dissemination.
- In FY 2012, PSAS purchased 2,189,495 items for women Veterans, spending \$91.6 million.
  - Women-specific items purchased included clothing, breast prosthesis, breast pumps and accessories, wigs, and other gender-specific reproductive health items.
- Prosthetic challenges for women:
  - Issue: limb cosmetics are mostly designed for men.
    - Hundreds of prosthetic feet are commercially available. Nearly all are male (larger and wider than female feet).
    - Modifying feet to make them fit women's shoes reduces their durability and appearance.
  - Solutions:
    - Understand female perspective on cosmeses.
    - Encourage development of female cosmeses.
    - Newly developed scanning and replication technology available to mirror the intact limb.
  - Issue: prosthetic constraints on footwear versatility.
    - Female amputees often prefer greater versatility for footwear choices than males.
    - Prosthetic heel heights are typically 3/8" to 3/4" and few commercial feet allow user adjustments.
    - User mal-adjustments can cause alignment problems and discomfort.
  - Solutions:
    - Companies have developed new feet that allow touch height adjustment button for changes between 0 – 2", while correct alignment of the prosthesis is maintained.
    - Foot comes with attractive cosmetic covering that features a realistic "sandal toe."
  - Issue: poor prosthesis fit due to limb volume fluctuations.
    - All lower limb amputees experience limb volume fluctuations.
    - Poor volume management results in limb pistoning, leading to skin injuries and loss of mobility.
    - Pre-menopausal and pregnant women are especially vulnerable to this problem.



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- Solutions:
  - Prescription of multiple sockets to accommodate variable limb size during different phases of menstrual cycle.
  - Improvements in measurement technologies.
  - Improvements in adaptive socket and liner technologies.
- PSAS initiatives:
  - Multiple clothing allowance:
    - New extended benefit for Veterans using more than one prosthetic, orthopedic appliance, and/or medication that impacts more than one article of clothing.
    - Veterans were eligible to apply December 16, 2011, and payments for multiple clothing allowances commenced September 1, 2012.
    - Veterans receiving multiple clothing allowances need to reapply each year.

### **Overview of National Cemetery Administration (NCA) Initiatives, Anita Hanson, Director, Memorial Programs Service, NCA**

- NCA is celebrating the 150<sup>th</sup> Anniversary of National cemeteries.
  - First national cemeteries were established in 1862.
  - Prior to the creation of National cemeteries, soldiers were buried where they fell.
- Today military and Veterans cemeteries are managed by VA (131); Department of the Army (30); Department of the Interior (14); American Battle Monuments Commission (24); states/tribes (88).
- NCA's mission is to honor Veterans and their families with final resting places, in National shrines and lasting tributes that commemorate their service and sacrifice to our Nation.
- NCA's vision is to be the model of excellence for burial and memorials for our Nation's Veterans and their families.
- According to the *American Customer Satisfaction* Index, NCA achieved the highest ranking of any public or private organization for the 4th consecutive time in 10 years!
- National shrine commitment is to:
  - Provide burial space for Veterans and eligible family members and maintain National cemeteries as National shrines.
  - Administer the Federal grants program for construction of State and Tribal Veterans cemeteries.
  - Furnish headstones, markers and medallions for the graves of Veterans around the world.
  - Administer the Presidential Memorial Certificate program.
  - Administer the first notice of death program.
- Burial benefits include:
  - Gravesite.
  - Opening and closing of the grave.
  - Grave liner.
  - Perpetual care of the gravesite

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- Headstone, marker or medallion.
  - U.S. flag.
  - Presidential Memorial Certificate.
- NCA consists of 1,700 employees; 73.5 percent are Veterans (11.3 percent are women Veterans).
  - There were 300 OEF/OIF hires since 2009.
- There are 3.8 million Veterans, Servicemembers, Reservists and family members in 3.1 million gravesites.
- Strategy to meet burial needs of Veterans:
  - Extend the service life of existing cemeteries.
  - Develop new national cemeteries.
  - Five new National cemeteries planned.
  - Future National cemetery construction.
  - Encourage states and tribes to develop cemeteries.
- Veterans cemetery grants program:
  - Included 88 state and tribal cemeteries in 41 states, Guam and Saipan; 5 under construction.
- Apprenticeship program for homeless Veterans:
  - Year-long, paid training program.
  - Continued employment upon successful completion of training.
  - Assistance from VHA's Homeless Veterans Employment Support Program and VA Learning University.
- NCA and Vet-Owned Businesses:
  - NCA considers small businesses for 100 percent of contracts; 82 percent of all NCA contracting dollars were awarded to Veteran-owned and service-disabled Veteran-owned small businesses in 2012.
- Outreach conducted at 3,044 events, reaching 762,891 people in FY12.
  - NCA participated in 85 nationally led events.
  - Social media.

### **Subcommittee Discussion**

#### **Discussion Wrap up**

**Dr. Shirley Quarles, Chair, ACWV**

**Wednesday, December 5, 2012-- G. V. "Sonny" Montgomery Conference Center, Room 230**

**Meeting was called to order by the Chair.**

**Overview of the Benefits Assistance Service (BAS)/ Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendations #9, and 10), Christi Greenwell, Acting Assistant Director, Client Services and Military Outreach, BAS, VBA**

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- BAS's mission is to serve as advocates for Servicemembers, Veterans, eligible beneficiaries and other stakeholders, and to ensure they are knowledgeable and informed about accessing and receiving VA benefits and services.
- VBA's women Veterans program initiatives:
  - Executed outreach campaign targeting women Veterans, to increase women Veterans awareness on how to access VA benefits and services.
  - Public Service Announcements (PSAs):
    - One 60-second PSA and one 30-second PSA posted on You-Tube, and is also available for broadcasters to download via the National Association of Broadcasters.
  - Webinars:
    - Promoted and executed two Webinars to reach professionals who work with Veterans (created for women and minority outreach campaigns to reach maximum number of professionals with diverse campaigns).
  - E-mail messaging campaign:
    - A total of 30,000 emails were sent to women Veterans, providing links for information on VA services and benefits.
  - Redesign of women's Veteran's pamphlet, currently in concurrence.
  - Outreach tool kit and user guide for women Veterans coordinators (WVCs), currently in concurrence.
- Conducted National training for WVCs in June 2012:
  - Conducting Effective Outreach.
  - Insight for Provider Perspective: Women Who Serve in Our Military.
- Conducted National training for WVCs in October 2012:
  - Sensitivity Training.
  - Navigating Government Benefits and Employment.
  - Round Table Discussion – Concerns of Women Currently Serving in the Afghanistan Theatre of Operations.
- Web/Internet services:
  - Updating and improving web pages for Women; persona pages released as of November 2012.
  - Messaging tailored to women Veterans through eBenefits; ongoing.
  - Creating one-stop shop through eBenefits concept for women Veterans (collaboration with Center for Women Veterans and Web Services); ongoing.
  - Deployed enhanced user personalization in April 2012.
  - Created best practices for outreach on VBA intranet; scheduled to deploy in early January 2013.
- VBA's Women Veterans Program:
  - Conduct monthly conference calls with WVCs.
    - Provide information specific to benefits and community resources/referrals for women Veterans.
    - Post minutes on BAS's Web site.
    - Ongoing Website updates.
  - Work with organizations on outreach initiatives for information beneficial to the field:

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- Department of Labor, VHA, Faith Based Organizations, Veterans Service Organizations, Center for Women Veterans.
  - Coordinate targeted outreach to women Veterans:
    - Local Events (Women in Military Service for American Memorial (WIMSA), Veterans Rock, Final Salute, Ladies Night Out).
    - National Events (Federally Employed Women, increased national enrollment for WIMSA).
  - Increased outreach to women Veterans by 35 percent, from FY 2011 to FY 2012.
    - VBA current outreach emphasis areas are women Veterans, minority Veterans, and National Guard and Reserves.
- eBenefits:
  - eBenefits self-service features:
    - User personalization (e.g. women Veterans ).
    - Career center, with single sign-on for VA4Vets and VETSuccess.
    - Single sign-on with MyHealthVet.
    - Compensation and pension claims enhancement.
    - Search for representative.
    - Early communications.
    - Reserve retirement benefits selection.
    - Personal contact information update.
    - VHA benefits handbook.
  - End of FY 2012:
    - VBA Internet visits – 28,857,992.
    - VBA American Customer Satisfaction Index – 66 percent (Federal government benchmark is 73 percent)
    - eBenefits visits – 24,220,579.
    - eBenefits claim status views – 9,043,677.
    - eBenefits DD214 downloads – 127,747.
    - eBenefits letter generator downloads – 1,066,575.
    - eBenefits home loan certificate of eligibility downloads – 119,410.
- 2012 report recommendation updates:
  - Recommendation #9: That the Veterans Benefits Administration (VBA) develops a system-wide outreach strategic action plan that includes regional office-level measurable goals for both full-time and collateral-duty women Veterans coordinators (WVCs), to include required annual VA Central Office-level reporting requirements.
    - Status:
      - VBA is developing an outreach tool and user guide for outreach coordinators that will provide guidance for outreach.
      - The tool kit and guide will provide guidance and recommendations to assist WVCs in conducting consistent and robust outreach to women Veterans and ensure that women Veterans receive access to information, benefits, and services.
      - VBA has developed an outreach campaign targeted toward women Veterans, which includes relevant messaging and outreach materials to

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include print, video, and web products. These products are designed to inform women Veterans of VA benefits and services.

- Recommendation #10: That the VBA enhances its annual benefits report to include gender specific demographic information on women Veterans who receive VA benefits to identify opportunities for targeted outreach to women Veterans.
  - Status:
    - The Annual Benefits Reports (ABR) currently contains some gender-specific data including a summary of recipients of compensation and pension.
    - BAS met with the Performance Analysis and Integrity office to discuss the FY 2013 ABR, including challenges and feasibility.

### **Overview of VA's Office of Homeless Programs, Stephanie Robinson, Program Analyst, Homeless Veterans Initiative Office, Office of Public and Intergovernmental Affairs**

- In *Veteran Homelessness: A Supplemental Report to the 2011 Annual Homeless Assessment Report (AHAR) to Congress*, it is estimated that on any given night in 2011, there were approximately 67,495 homeless Veterans--a 12 percent decline since 2010.
  - Women comprise approximately 8 percent of the homeless Veterans population.
- VA's plan to prevent and end homelessness among Veterans:
  - Overarching mission is to end homelessness among Veterans by the end of 2015
  - The strategy includes:
    - Continuing to help Veterans transition from episodic and chronic homelessness to self sufficiency.
    - Investing more resources in homeless prevention.
    - Engaging VA leadership.
    - Developing and nurturing partnerships with key stakeholders.
    - Improving situational awareness, through data sources and modeling capabilities.
- Homeless women Veterans and demographics:
  - VA is committed to serving the needs of homeless women Veterans, through a wide array of special programs and initiatives specifically designed to help homeless Veterans live as self-sufficiently and independently as possible.
  - VA is collaborating with Housing and Urban Development, DoD and community agencies to ensure post deployment health assessment data is utilized to identify women Veterans' needs and increase access.
  - Women Veterans indicated child care is the most significant barrier to overcoming homelessness.
    - VA launched a child care pilot program in three locations to begin addressing the concern.
  - Demographics:
    - Women Veterans are more than two times more likely to be in the homeless population than non-Veteran women (2010 Annual Homeless Assessment Report).

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- In FY 2011, VA's homeless programs served approximately 198,908 Veterans who were homeless, at-risk of homelessness, or formerly homeless but now in permanent housing.
    - Approximately 7.7 percent (15,303) were women Veterans.
- Background information:
  - VA's continuum of care services for homeless women Veterans is wide-ranging and synchronized with community efforts.
    - Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program: VA and HUD are working together to provide permanent supportive housing to an estimated 47,987 homeless Veterans and their families.
    - Grant per diem program (GPD): supports homeless women Veterans with transitional housing resources.
    - Supportive Services for Veterans Families (SSVF) program: VA's primary prevention program designed to help Veterans families to rapidly exit homelessness, or to avoid entering homelessness.
  - Risk factors for homelessness:
    - Poverty.
    - Lack of health and supportive service.
    - Lack of public assistance.
    - Under employment or unemployment (low wages, job loss).
    - Lack of child support.
    - Disabling psychological conditions.
    - Domestic violence.
    - Drug/alcohol abuse.
    - Physical and mental illness.
    - Challenges readjusting to civilian life.
- December 2011 Government Accountability Office (GAO) Report:
  - A 2011 GAO review cited four barriers homeless women Veterans face when accessing resources:
    - Lack of appropriate data collection by VA and HUD on homeless women Veterans.
    - Lack of referrals to temporary housing for homeless women Veterans waiting for placement in HUD-VASH or GPD.
    - Limited housing availability for women and children.
    - Safety and security concerns.
  - VA actions taken in response to the GAO report:
    - Revised the Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) survey to implement gender specific data for homeless Veterans.
    - Reviewed and modified National guidance and policies on referral processes.
    - Revised the GPD program's current handbook to clarify the duties and address staffing changes associated with implementing and monitoring GPD-funded programs Nationally, and focused on the issues of providing services for women Veterans, medication storage and the referral processes
    - Homeless Veterans Web site was enhanced to include new information resources for women Veterans.

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- VA is employing social networking tools (i.e. Facebook, Twitter, blogs, etc.) to reach women Veterans and homeless women Veterans.
- VHA Homeless Programs Office held National webinars for VA staff, highlighting methods to engage services for homeless women Veterans or those at risk for homelessness.
- VHA held monthly webinars through FY 2012 specifically addressing homeless women Veterans issues.
- VHA homeless programs office is developing National webinars for community providers that work with homeless and at risk populations of women Veterans.
- VA personnel are developing a brochure for homeless women Veterans that highlights services and programs targeted to that population. It will be completed in FY 2013.
- VA is working with the U.S. Interagency Council on Homelessness to examine how Federal partners fund housing for homeless women and children, to identify opportunities to share information and resources.
- HUD-VASH Program:
  - The purpose is to provide long-term case management, supportive services and permanent housing, through a cooperative partnership between HUD and VA.
  - Highlights :
    - Over 47,987 HUD-VASH vouchers were issued from FY 2008 through FY 2012.
    - Currently, 13 percent of HUD-VASH recipient Veterans are women.
    - Fourteen percent of HUD-VASH vouchers were provided to homeless Veterans with children.
    - Among women housed through HUD-VASH in FY 2012, 38.4 percent are housed with children.
    - Successes with HUD-VASH involves not group housing, but more personalized housing; this helps families, and promotes safety and privacy.
    - VA and HUD are working together to ensure appropriate data is collected on homeless women Veterans, including those with children and those with disabilities.
- Women specific GPD programs for homeless women Veterans:
  - GPD provides grants and per diem funds to help public and nonprofit organizations establish and operate transitional and supportive housing and services for homeless Veterans.
  - More than 200 GDP programs have the capacity to serve women:
    - Of the projects that have the capacity to serve women, approximately 40 are women specific.
    - Thirty-eight operational projects have the capacity to serve women with children.
    - In 2012, seven percent of Veterans in the GPD program were women.
    - Six transitional programs provide specific enhanced services for homeless women and women with dependent children:
      - Vietnam Veterans of San Diego – San Diego, CA.
      - Vietnam Veterans of California, Inc. – Sacramento, CA.
      - United Veterans of America, Inc. – Leeds, MA.
      - United States Veterans Initiative, Inc. – Long Beach, CA.

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- Salvation Army, a California Corporation – Los Angeles, VA.
- West Side Catholic Center – Cleveland, OH.
- SSVF:
  - In 2011, VA awarded \$59.5 million in homeless prevention grants to serve approximately 22,000 homeless and at-risk Veterans and their families, in 85 community agencies within 40 states and the District of Columbia.
  - In July 2012, \$100 million was awarded to 151 community agencies in 49 states, Puerto Rico and the District of Columbia:
    - Served 35,363 year to date, exceeding the annual projection of 22,000 for the fiscal year.
    - Significant impact on Veteran families with 8,826 children assisted.
    - Of 21,393 Veteran participants, 3,285 are women (15.4 percent of Veterans served).
    - 3,335 Veteran participants are OEF/OIF/OND (15.6 percent of Veterans served).
  - In October 2012, a notice of funding availability (NOFA) was announced for up to \$300 million in SSVF grant funds. The closing date is February 1, 2013.
  - VA's primary prevention program designed to help Veterans and their families rapidly exit homelessness, or avoid entering homelessness.
    - Grantees provide:
      - Case management to family members.
      - Temporary financial assistance to promote housing stability, including support for rent, utilities, moving expenses, transportation, and child care.
      - Funds for emergency rental assistance, security and utility deposits, food and other household supplies, child care, one-time car repairs, and other needs will help to keep Veterans and their families housed – as intact family units.
- Healthcare for Homeless Veterans (HCHV) program:
  - Provides extensive outreach, physical and psychiatric health exams, treatment, referrals and ongoing case management to homeless Veterans with mental health problems, including substance abuse.
  - The program provided outreach to 95,071 homeless or at risk Veterans in FY 2011.
  - HCHV expanded its contract residential treatment program.
  - Increased the number of homeless Veterans stand downs by 20 percent.
  - Total number of Veterans served during 2011 stand downs was 45,957.
    - Women: 4,012 (9 percent).
    - Spouses of Veterans: 6,965.
    - Children of Veterans: 3,417.
- Homeless Veterans Supported Employment Program (HVSEP):
  - Purpose is to provide vocational assistance, job development and placement, and ongoing support to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness.
  - Established joint operation of the HVSEP with the Compensated Work Therapy (CWT) program.
  - Approximately 25 percent of the hires are women Veterans.
  - Approximately 400 homeless, or formerly homeless Veterans, have been hired as vocational rehabilitation specialists (VRS) in the HVSEP (87 percent of the 407 FTE hired).



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- In FY 2011, 3,071 Veterans received employment services from HVSEP.
- Veterans Homeless Prevention Demonstration Program (VHPD):
  - A multi-site, three-year pilot project designed to provide early intervention to recently discharged OEF/OIF/OND Veterans and their families to prevent homelessness.
  - In FY 2011, 339 Veterans were enrolled in the program:
    - OEF/OIF/OND: 30 percent.
    - Families: 45 percent.
    - Women Veterans: 22 percent.
- National Outreach Program:
  - “Make a Call” National outreach media program launched in October 2011, in 21 urban and seven rural communities, to engage or re-engage Veterans in treatment and rehabilitative programs.
    - Informed Veterans, Veterans families, Veterans service providers, law enforcement and medical professionals of VA programs and services available to assist at-risk and homeless Veterans.
    - Encouraged family, friends and citizens to “Make the Call” to 877-4AID-VET (877-424-3838) to help prevent and eliminate homelessness among Veterans:

### **Briefing on VA’s Outreach Initiatives, Joseph G. Curtin, Director, VA National Outreach Programs; Jeanette Mendy, Deputy Director, VA National Veterans Outreach Program**

- The National Veterans Outreach Office (NVO) coordinates outreach program activities and communications throughout VA, to increase Veterans’ awareness of and confidence in VA’s health care, benefits and services.
- Planned initiatives:
  - Ad council effort.
  - Interim advertising effort.
  - Buddy system campaign with Federal agency partners.
  - VSO/non-profit organization outreach.
  - Social media.
  - Integrated outreach across VA at large.

### **Overview of the Women’s Health Services/Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendations #5), Dr. Patricia Hayes, Chief Consultant, Women’s Health Services, VHA**

- The women Veterans population increases, as the total Veterans population declines.
- Women VA users doubled since 2000.
- Growth is expected to double again soon:
  - Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans: 12 percent.
  - National Guard/Reserves: 18 percent.
  - VA health care users: 6 percent.

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- Due to the 5 years of free VA health care for OEF/OIF/OND Veterans with service-related issues, 56 percent of OEF/OIF/OND women Veterans have used VA care.
- Younger women's needs:
  - Maternity care.
  - Mental health.
  - Service-connected disabilities.
  - Privacy, safety, convenience.
- Mission is to:
  - Ensure that women Veterans receive equitable, high-quality and comprehensive health care services in a sensitive and safe environment at all VA facilities.
  - Be a national leader in the provision of health care for women Veterans, thereby raising the standard of care for women.
- Transforming health care delivery:
  - Implemented comprehensive primary care.
  - Installed full-time women Veteran program managers (WVPM) at VA facilities Nationwide.
  - Launched Women's Health Evaluation Initiative (WHEI).
  - Eliminating gender disparities; recent reports show progress: [www.womenshealth.va.gov/publications.asp#research](http://www.womenshealth.va.gov/publications.asp#research) .
  - Updated and released Handbook 1330.02 on the role of the WVPM.
  - Developing breast cancer registry and mammography tracking.
  - Expanding enrollment and access.
  - Enhancing privacy, security and environment of care.
  - Improving emergency room care.
  - Enhancing mental health, homelessness services.
- Implementing comprehensive care:
  - Complete primary care from one designated women's health primary care provider at one site including community based outpatient clinics (CBOCs).
    - Care for acute and chronic illness.
    - Gender-specific primary care.
    - Preventive services.
    - Mental health services.
    - Coordination of care.
    - Model for patient aligned care teams (PACT).
    - Measured with women's health primary care evaluation tools (WATCH Tool).
- Women's health transformation initiatives:
  - Sub-initiative of new models of care:
    - Improved care coordination, innovative information technology solutions serve as model for private/public sector.
    - Emergency room care:
      - Assessment tool development.
      - Ongoing provider/staff education.
    - Breast cancer:

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- Tracking of abnormal test results.
  - Breast Cancer Clinical Case Registry.
- Teratogenic (agents that can disturb the development of an embryo or fetus) identification of drugs (subject to funding).
- Planned completion for all projects September 2013.
- Eliminating gender disparities:
  - VA has significantly reduced gender gaps and exceeds private sector on most performance measures for both men and women.
  - *Gender Differences in Performance Measures, VHA 2008-2011*, identifies best practices for eliminating gender gaps based on success in VA networks.
- Enhancing reproductive health services:
  - Upcoming policies:
    - Maternity care coordination.
    - Infertility policy.
  - Maternity care:
    - 2010 caregiver law.
    - Newborn care.
    - Childcare pilots.
  - Maternity tracking, mobile apps, tele-gynecology.
  - Workgroups: reproductive/mental health; reproductive/health aging.
  - National report on emergency services for women (ESW) and ESW stakeholder panel.
- Education initiatives:
  - Trained nearly 1,500 VA providers in basic and advanced women's health care to enhance access.
  - Launched national nursing mini-residency.
  - Expanding large-scale provider and nursing education programs.
  - Developing online training for core topics in emergency women's health, with virtual patient platform, videos, traditional e-learning.
  - Sponsoring grant program to develop/deliver mini-residency in traditional format with virtual components.
- Understanding women Veterans through research/studies:
  - Women's Health Evaluation Initiative (WHEI).
  - National Survey of Women Veterans 2010.
    - There were 3,500+ participants (phone interviews).
    - Findings: access, quality perception, barriers.
  - More to come:
    - Sourcebook, Volume 2.
    - Five projects funded through Women's Health Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE):
      - 2013 National survey of women Veterans.
      - Women Vietnam Veterans Study.
      - OEF/OIF Cohort Study.
- VA—Go Red For Women® collaboration:
  - Raises awareness of women Veterans' risk of heart disease.
  - Provides new channels, tools for outreach.

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- Increases awareness of VA resources for women Veterans through high-profile VA initiative
- Builds on other VA initiatives to increase awareness of heart disease in women:
  - Cardiovascular workgroup.
  - Gender disparities research.
- Childcare pilots:
  - Free, drop-in childcare pilots at three VA medical centers:
    - Northport, NY (Opened April 2012).
    - Buffalo, NY (Opened October 2011).
    - Tacoma, WA (Opened December 2012).
  - Open to eligible Veterans during appointments.
  - Pilots will run for two years; evaluation under way.
- 2012 report update:
  - ACWV Recommendation #5: That VA develops a system-wide policy that requires that VA medical facilities include a designated lactation area for women Veterans in remodel/redesign projects of outpatient areas. VA facilities should ensure that facility staff, providers and WVPs are aware of the locations. To ensure compliance with this requirement, it is suggested that this item be added to the privacy inspection checklist.
  - Status:
    - Guidance developed to ensure VA medical centers provide high-quality, appropriate services for women who are breastfeeding.
    - New space planning criteria and design guide include lactation rooms for Veterans, visitors (expected publication date: January 2013).
    - Room guide-plate has been developed to show the floor plan of typical lactation room with equipment, furnishings.
    - Guides will be used in all remodels and new construction.
    - Breastfeeding “Quick Series” also offers tips, information.
- Changing VA culture for women Veterans:
  - Many resources available:
    - Training easily accessible to VA Staff on SharePoint.
    - Information for new employee orientation:
      - Customizable presentations.
      - Videos.
      - Template for presenting to different service lines.
    - Reproductive health resources available.
    - Trainings by Audience on Women’s Health Education on SharePoint, and Talent Management System:
      - Primary care providers.
      - Primary care nurses.
      - Emergency room providers.
      - WVPs/women’s health medical directors.
      - All VA staff.
  - Public outreach toolkit can be found on [www.womenshealth.va.gov](http://www.womenshealth.va.gov).

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- Full year of health campaigns.
- Culture change messages and visuals reminding that it is everyone's job to care for women Veterans.

### **Overview of Veterans Health Administration (VHA) Initiatives, The Honorable Robert A. Petzel, Under Secretary for Health**

- VHA is one of the largest health care systems in the Nation.
- There are 22.2 million living American Veterans; 8.6 million enrolled with VA for health care; and 6.2 million unique patients treated in 2011.
- VHA vision:
  - VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.
  - This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.
  - It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in National emergencies.
- Under Secretary's priorities:
  - Align the organization to meet the vision.
  - Create health care value by reducing cost while maintaining quality.
  - Enhance the Veteran experience and access to health care.
  - Innovate new models of health care.
  - Eliminate Veteran homelessness.
  - Improve Veterans' mental health.
  - Continue to advance research and development.
  - Transform health care delivery through health informatics.
- New health care delivery model:
  - Patient-centered.
  - Team care.
  - Continuous improvement.
  - Data-driven, evidence-based.
  - Value.
  - Prevention/population health.
- Redesigning the system around the needs of women Veterans:
  - The increasing number of women Veterans means increased demand for VA health care services and the need for VA to redesign the system to:
    - Deliver comprehensive, patient-centered care for women.
    - Promote preventive health care and wellness for women.
    - Ensure a safe and healing environment in which privacy is paramount.
    - Continue to enhance quality of care to retain patients, lead the Nation.
- Implementing comprehensive care:
  - VA is rolling out enhanced women's health care—comprehensive primary care from an interested, proficient and designated women's health provider at any access point—across facilities.

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- VA women's comprehensive care serves as a model for patient-centered care.
- Communications to women Veterans:
  - Informing women of possible eligibility for VA care and services.
  - Sending the message that VA is "the right place" for them.
  - Raising the profile of women Veterans among staff and the public.
- Privacy and environment of care (EOC):
  - VA is enhancing privacy and safety system-wide to create a safe and healing environment for all Veterans.
  - This is one tenet of patient-centered care.
  - Corrections to bathroom, other privacy deficiencies are nearly eliminated and we are taking action on the last few.
- As VA Telehealth grows, options for considerations for women Veterans include:
  - Tele-GYN.
  - Tele-maternity care coordination, tele-chaplaincy (VISN 19).
  - Tele-pharmacy.
  - Tele-mental health.
  - Tele-MOVE.

### **Greetings and Comments, John R. Gingrich, Chief of Staff**

- Met with Advisory Committee on Women Veterans to discuss the Secretary's priorities for Veterans.
- Presented certificates of appointment to new members.
- Addressed VA's cultural transformation:
  - VA is committed to addressing the needs of women Veterans by continuing to enhance educational efforts for all employees, in order to improve cultural sensitivity and awareness of the roles of women within the military.

### **Discussion Wrap up**

**Dr. Shirley Quarles, Chair, ACWV**

### **Thursday, December 6, 2012- Room 930**

**Briefing on Readjustment Counseling Service (RCS), Dr. Alfonso Batres, Director,  
Readjustment Counseling Service, VHA**

- Vet Center services:
  - A wide range of psychosocial services and referrals offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life.
    - This includes: readjustment counseling for Veterans and their families; marital and family counseling for military related issues; bereavement counseling; military sexual trauma counseling; demobilization outreach and services; substance abuse assessment; employment assessment; screening for referral to the health care and benefits system; and Veterans' community outreach and education.

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- In FY2011, 189,811 Veterans and families were provided 1,377,028 visits.
- A total of 70,949 Veterans—37 percent of Veterans receiving Vet Centers services--were not seen in any other VHA facility.
- Vet Centers provided 8,763 women Veterans, with 77,459 in-center visits.
- Of women Veterans receiving Vet Center services, 46 percent served in either Iraq or Afghanistan.
- There was a 20 percent increase from FY 2010, in the number of new women Veterans seeking in-center services.
- Included within the overall total above, Vet Centers provided 3,123 women Veterans with 30,455 in-center visits, dealing with military sexual trauma.
- Meeting the needs of women Veterans:
  - Staff is sensitive to women Veterans specific issues.
    - RCS provides MST sensitivity training for staff and specialized MST counselors.
  - National conference calls conducted to address services provided to women Veterans.
  - RCS raises awareness of women Veterans issues through outreach.
  - Other ways RCS addresses women Veterans specific needs:
    - Relaxation modalities to augment counseling.
    - National quilting project, which started in the Boston Vet Center.
    - Women Veterans events.
    - Women Veterans retreats.
- Needs to be considered:
  - Increasing dissemination of information pertaining to homeless women Veterans and their children.
  - Child care initiatives.
  - Chronic pain in women Veterans.
- Vet Center combat Veteran call center:
  - Staff comprised of combat Veterans from several eras, as well as family members of combat Veterans.
  - Confidential call center for combat Veterans and families to talk about military experiences or other readjustment issues.

### **Briefing on the Center for Minority Veterans (CMV), Barbara Ward, Director**

- Minority Veterans have fought with honor and distinction in every U.S. war or conflict: including the Revolutionary War, War of 1812, the Civil War, Spanish American War, World Wars I and II, Korean War, Vietnam War, Gulf War, and the current conflicts in Iraq and Afghanistan.
- November 1994, Public Law 103-446 required the Secretary to create the CMV and establish the Advisory Committee on Minority Veterans (ACMV).
- CMV serves as principal advisor to Secretary on the adoption and implementation of policies and programs affecting minority Veterans.
- African Americans, Asian Americans, Hispanic Americans, Native Americans (American Indians, Alaska Natives, Native Hawaiians), and Pacific Islanders
- CMV:

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- Educates Veterans, their families and survivors through targeted outreach and effective advocacy.
- Promotes the use of VA programs, benefits, and services for minority Veterans.
- Disseminates information and provide culturally relevant programs that enhance Veteran-centric services to minority Veterans.
- Challenges facing minority Veterans:
  - Over representation among chronic diseases/health disparities.
  - Lower patient satisfaction than majority.
  - Greater than 50 percent of homeless population.
  - Education gap.
  - Unemployment.
  - Incarceration.
- VA initiatives to address challenges:
  - VHA established an Office of Health Equality; Health Services Research & Development.
  - Cultural competency training implemented for VA staff.
  - White House/SECVA initiative to end homelessness in five years.
  - Minority Veterans Program Coordinator (MVPC) targeted outreach.
  - Post 9/11 GI Bill and Yellow Ribbon Program.
  - Veterans Employment Coordination Service.
  - Justice Outreach Program Veterans Court/re-entry specialists.
- Outreach to minority Veterans:
  - CMV staff/minority Veteran liaisons collaboration with internal/external organizations and other closely aligned non-government minority organizations.
  - ACMV.
  - MVPCs.
- How the ACMV serves Veterans:
  - Advises the Secretary on VA's administration of benefits and provision of health care benefits and services to minority Veterans.
  - Provides an annual report to the Secretary, outlining recommendations, concerns, and observations on VA's delivery of services to minority Veterans.
  - Meet with VA officials, Veteran service organizations and stakeholders to assess VA's efforts in providing benefits and services to minority Veterans.
  - Makes periodic site visits and holds town hall meetings to address minority Veterans' concerns.
- Key areas of ACMV focus:
  - Continuing and enhancing targeted outreach to minority Veterans, to encourage use of VA benefits and services to counter adverse conditions in minority communities.
  - Enhancing the gathering of demographic data, which reflects the level of utilization of VA benefits and services by minority Veterans.
  - Ensuring that VA personnel succession planning initiatives facilitate an increase in the number of minorities in senior leadership positions of the Department.



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- Ensuring that VA health care initiatives address health disparities in the minority Veteran population.
- Ensuring that Veterans living in rural, highly rural, and insular areas are provided appropriate access to VA benefits and services.
- For the ACMV 2011 Annual Report Focus, the Committee focused on:
  - Outreach.
  - Access.
  - Disparities.
  - Homelessness.
  - Diversity.
  - Legislative change that would change ACMV's reporting requirement from annual to biennial.
- MVPC program:
  - An interdepartmental program, with approximately 300 coordinators collaterally assigned within VHA, VBA and NCA.
  - They serve as principal advisors on policies and programs that affect minority Veterans.
  - They support and initiate activities that educate and sensitize internal staff to the unique needs of minority Veterans.
  - MVPCs target and participate in outreach activities and educational forums utilizing community networks.
  - They assist the CMV in disseminating information.
  - Last biennial MVPC training conference was held June 6-10, 2011, in Dallas, Texas.
    - Planning is underway for 2013 meeting.

### **Women Veterans Research, Dr. Elizabeth Yano, Co-Director Center of Excellence, Greater Los Angeles Healthcare System - Sepulveda Campus, VHA**

- VA women's health research network:
  - Consists of VA Women's Health Research Consortium and VA Women's Health Practice Based Research Network.
  - According to the experts:
    - VA needed to increase capacity in women's health research:
      - More investigators, more papers, more grants.
      - Investigators need more support.
      - Needed an infrastructure to support multisite research (interventions, implementation).
- VA Women's Health Research Consortium:
  - Improve scientific knowledge base:
    - Build capacity through education/training, mentorship.
    - Provide technical consultation to fill gaps in methods.
    - Promote achievement of VA women's health (WH) research agenda through increased collaboration (e.g., workgroups).
    - Disseminate VA WH research findings (e.g., VA-sponsored journal supplements, web presence).
  - Inclusion of women Veterans already required; the goal is to promote, support, enable compliance (and help reap dividends for women Veterans).

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- Increase uptake/use of knowledge in practice:
  - Research-clinical-policy partnerships in high-value areas, support frontline quality improvement initiatives.
- VA Women's Health Practice Based Research Network:
  - Network of VA facilities partnering to foster VA women's health research/quality improvement.
    - Must include multiple sites to enroll enough women.
  - Started with four "founder" sites to test structure:
    - Palo Alto, Greater LA, Durham, Iowa City.
    - Three projects targeting enrollment of patients, providers/staff and clinics/work groups.
    - Work through multisite research activities/issues.
- VA's women's health research:
  - Twenty research grants funded.
  - Thirty cyber-seminars created.
  - More than 15 mentors identified.
  - VA Women's Health Services Research Conference:
    - Using Research to Build the Evidence Base for Improving the Quality of Care for Women Veterans (July 2010).
  - Nine workgroups created, developing research on focused content areas (PTSD, military sexual trauma, chronic pain, intimate partner violence, reproductive health, substance use disorders, disparities, qualitative research, lesbian/gay/bisexual/transgender (LGBT) issues).
  - Twenty research articles accepted.
  - Functional VA Practice Based Research Network (PBRN) with three completed projects:
    - Women Veterans mental health needs in primary care (Kimerling).
    - Caring for Women Veterans implementation (Vogt-Yee).
    - VA provider interviews (Klap).
  - Thirty seven PBRN sites, geographically dispersed; represents one in every three women Veteran VHA patients nationally (100,000 women Veterans).
- Progress on VA women's health research agenda (2010):
  - Access to care/rural health.
  - Primary care/prevention.
  - Mental health.
  - Post deployment health.
  - Complex chronic conditions, long term care/aging.
  - Reproductive health.
- Nearly 20 current VA HSR&D studies related to women Veterans' health ([http://www.hsrd.research.va.gov/research/portfolio\\_studies.cfm?PortID=10](http://www.hsrd.research.va.gov/research/portfolio_studies.cfm?PortID=10)).
- VA HSR&D Women's Health Collaborative Research to Enhance and Advance Transformation and Excellence (CREATE):
  - VA HSR&D initiative to promote partner-oriented research to increase impacts on Veterans' care.
  - Group of three to five coordinated projects in a focused area.
  - Capitalize on national expertise (multi-center).

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- Meaningful engagement with VHA program leaders with demonstrated commitment to implement findings.
- Highly competitive national process and review.
- Goal is to use research to accelerate implementation of comprehensive care for women Veterans.
- Comprehensive care codified in VHA Handbook 1330.01.
- CREATE projects:
  - Project #1: Lost to VA Care: Attrition of Women Veterans New to VA Care (Frayne & Hamilton).
  - Project #2: Impacts of VA Delivery of Comprehensive Women's Health Care (Yano, Chou, Rose).
  - Project #3: Implementation of VA Women's Health Patient Aligned Care Teams (Yano & Rubenstein).
  - Project #4: Controlled Trial of Tele-Support and Education for Women's Health Care in CBOCs (Washington & Cordasco).
  - Project #5: Evaluation of Quality & Coordination of Women Veterans' Outsourced Care (Bastian & Mattocks).
- VHA CREATE partners:
  - Women's Health Services (Hayes).
  - Office of Mental Health Services (McCutcheon).
- VHA Project-specific Partners
  - Office of Primary Care (PCS & 10N).
  - Office of Specialty Care Services.
  - VHA Purchased Care.
  - National Radiology Office.
  - Veterans Integrated Service Network 22.
- Establishing a Women Veterans CREATE Council.
- Projects gearing up to launch in January 2013.
- For more information about VA women veterans' health services research, visit the VA Office of Research & Development website on Women's Health: [http://www.research.va.gov/programs/womens\\_health/default.cfm](http://www.research.va.gov/programs/womens_health/default.cfm)

### **Mental Health Care for Women Veterans/Treatment for Military Sexual Trauma/Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendation #2), Dr. Sonja Batten, Deputy Chief Consultant for Specialty Mental Health, Office of Mental Health Services, VHA; Dr. Susan McCutcheon, National Mental Health Director, Family Services/ Women's Mental Health/Military Sexual Trauma**

- Women Veterans are one of the fastest growing segment of eligible VHA users.
- However, women Veterans continue to be a minority of VA users as compared to male Veterans.
- Women Veterans may face unique challenges seeking VA services.
- VA offers a full continuum of mental health services:
  - Outpatient: assessment, evaluation, psychiatry, individual and group therapy.

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- Specialty services: posttraumatic stress disorder (PTSD), substance use disorders, depression, homelessness.
- Evidence-based therapies available at VA medical centers.
- Inpatient and residential treatment options (mixed-gender and women-only).
- Gender-specific care:
  - VA policy requires that mental health services be provided in a manner that recognizes that gender-specific issues can be important components of care:
    - VA facilities must ensure that outpatient and residential programs have environments that can accommodate and support women with safety, privacy, dignity, and respect.
    - Inpatient and residential care facilities must provide separate and secured sleeping and bathroom arrangements including, but not limited to, door locks and proximity to staff for women Veterans.
  - Facilities are strongly encouraged to:
    - Give Veterans the option of a consultation from a same-sex provider regarding gender-specific issues.
    - Offer Veterans the option of a consultation or treatment from an opposite-sex provider.
    - Offer Veterans being treated for conditions related to MST the option of being assigned a same-sex mental health provider or an opposite-sex provider if the MST involved a same-sex perpetrator.
  - Single-Gender Versus Mixed-Gender Programs
    - VA recognizes that some Veterans will benefit from treatment in an environment where all of the Veterans are of one gender.
      - May help address a Veteran's concerns about safety.
      - May improve a Veteran's ability to disclose and address gender-specific concerns.
      - May enhance treatment engagement, and peer and social support.
  - VA also recognizes that mixed-gender programs have advantages.
    - May help Veterans challenge assumptions and confront fears about the opposite sex.
    - May provide an emotionally corrective experience.
    - Also promotes efficient use of resources: accepting both men and women helps prevent treatment or admissions slots from going unused.
    - Women can and should have access to all services, and not be limited to women only treatment settings.
  - Given these considerations, VA does not promote one model as universally appropriate.
    - The needs of a specific Veteran dictate which model is most clinically appropriate.
- Women-only programs:
  - Women Veterans can receive services through most of VA's treatment programs.
  - Some facilities have established formal outpatient mental health treatment teams specializing in working with women Veterans.

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- Specific offerings vary from facility to facility, based on local demand and resources.
- VA has residential or inpatient programs that provide treatment to women only or that have separate tracks for men and women.
- These programs are considered regional and/or national resources, not just a resource for the local facility.
- Women Veterans Mental Health: Operation Enduring Freedom/Operation Iraq Freedom/Operation New Dawn (OEF/OIF/OND):
  - Between 2002- quarter 4, 2011:
    - Discharged female OEF/OIF/OND Veterans have accessed VA care (vs. 52.9 percent of males): 55.0 percent.
    - Female OEF/OIF/OND Veterans seen at VA received a mental health diagnosis (vs. 52.2 percent of males): 50.1 percent.
      - Adjustment reactions (including PTSD) and depressive disorders among most frequent diagnoses for both men and women.
      - Adjustment reactions: 30.8 percent of women, 34.9 percent of men.
      - Depressive disorders: 26.3 percent of women, 20.3 percent of men.
      - PTSD: 22.9 percent of women, 28.6 percent of men.
  - Changing patterns of women Veterans' use of VA mental health services:
    - Between 2005-2011:
      - Number of women who received VA inpatient mental health care increased 27.3 percent.
      - Number of women who received care at a VA mental health residential rehabilitation treatment programs (MH RRTP) increased 55.3 percent.
      - Number of women who received VA outpatient mental health care increased 87.0 percent.
      - Overall, proportion of women Veterans who received VA specialty mental health care increased 27.6 percent between 2005-2011.
      - Women Veterans are increasingly accessing VA mental health services.
- DoD/VA integrated mental health strategy (IMHS): gender differences:
  - DoD and VA identified the need for an integrated strategy for the provision of mental health care to Servicemembers, Veterans, and their families.
  - IMHS resulted from recommendations of the 2009 VA/DoD Mental Health Summit .
  - Encompasses 28 strategic actions (SA), focused on establishing continuity between episodes of care, treatment settings, and transitions between the two Departments.
  - Workgroup assigned to each SA, includes VA and DoD clinicians, researchers, and policy experts
  - IMHS SA #28 addresses gender differences:
    - Explore gender differences in delivery and effectiveness of prevention and mental health care for women and for those with MST (both genders).
    - Identify disparities, specific needs, and opportunities for improving treatment and preventive services.
    - Fall 2011 update: summarized the current status of research on prevalence, treatment, prevention, and access to mental health services

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for female Servicemembers and Veterans, and those who have experienced MST (both genders). Key evidence gaps identified by this effort:

- Gender differences/disparities for treatment of non-PTSD anxiety disorders, depression, eating disorders, personality disorders, severe mental illness, and comorbid physical health conditions (e.g., TBI and pain).
- Lack of research on barriers and access to care including the role of gender sensitivity and gender-specific care options.
- Summer 2012: completed national VA survey to assess existing services/ challenges/ best practices for gender-sensitive mental health care and care for Veterans with MST:
- Future benchmarks: report findings and recommendations to VA/DoD leadership.
- Staff education and training activities:
  - New women's mental health monthly training calls for VA staff.
    - Initiative launched in August 2012.
    - An average of 350 lines used for each call, with often multiple clinicians listening in on each line.
    - Future plans include archived presentations made available on the VA intranet.
  - Women's Reproductive Mental Health Steering Committee:
    - Initiative launched in June 2012.
    - Collaboration with Women's Health Services to design a curriculum for mental health providers targeting mental health needs across the reproductive life span.
  - National women's mental health distribution list
    - Initiative launched in September 2012.
    - More than 500 members to date.
- MST screening, services, utilization rates, and educational/training resources:
  - VA's definition of MST comes from Title 38 U.S. Code 1720D:
    - "Physical assault of a sexual nature, battery of a sexual nature, or sexual harassment ["repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character"] which occurred while the veteran was serving on active duty or active duty for training."
    - In this definition, sexual harassment and assault are conceptualized as experiences along a single continuum. Treating them this way is appropriate for VA, which is focused on responding to the healthcare needs of Veterans who experienced sexual trauma.
  - The term "MST" is not used by DoD.
- VHA's commitment to the issue of MST:
  - VHA is committed to ensuring that Veterans who experienced MST have access to health care services and benefits that can facilitate recovery.
  - National policy specifies that VA medical centers must:
    - Screen Veterans for experiences of MST.

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- Provide free treatment for mental and physical health conditions related to MST.
  - Have a designated MST coordinator to serve as a point person for MST issues at the facility.
  - Ensure staff receives training on issues related to MST.
  - Engage in outreach to ensure Veterans are aware of services available.
- VHA's Mental Health Services (MHS) has funded a national MST support team to perform National monitoring, to coordinate MST-related education and training, and to promote best practices in the field.
- MST screening:
  - Screening is conducted in a private setting, by qualified providers.
  - Veterans who report having experienced MST are offered a referral to mental health for further assessment and/or treatment.
  - Screen consists of two items, one assessing sexual harassment and one assessing sexual assault.
    - Veterans who respond positively to either item are considered to have screened positive for MST.
  - A positive screen does not speak to the Veteran's current distress, diagnosis or interest in or need for treatment.
  - VHA MST screening data FY 2011:
    - Percentage of women Veteran VHA users with a positive screen for MST: 23.0 percent.
    - Percentage of women OEF/OIF/OND Veteran VHA users with a positive screen for MST: 19.4 percent.
  - Since VA began mandatory universal screening for MST, the number of VHA outpatient users who have experienced MST has increased as the total number of Veterans using VHA care has increased.
  - The rates of female and male VHA outpatient users who have experienced MST, however, have stayed relatively stable because of corresponding growth in the total number of VHA users.
  - There have been no trends that suggest significant increases or decreases in the percent of Veterans with positive MST screens.
  - Eligibility for health care:
    - Veterans do not need to have reported their experiences of MST at the time or have other documentation that MST occurred to receive free MST-related health care.
    - Service connection or disability compensation is also not required.
    - This benefit extends to Reservists and members of the National Guard.
    - Veterans may be able to receive free MST-related care even if they are not eligible for other VA care:
      - There are no lengths of service or income requirements to receive MST-related care.
      - Veterans with "other than honorable discharges" may be able to receive MST-related care with VBA regional office approval.
    - Pre-military trauma and pre-existing conditions do not impact eligibility for MST-related care.

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- MST health care services available:
  - VHA offers a full continuum of mental health services for Veterans who have experienced MST.
  - Every VA medical center has providers knowledgeable about MST and provides MST-related mental health outpatient services:
    - Formal psychological assessment and evaluation, psychiatry, and individual and group psychotherapy; specialty services to target problems such as PTSD, substance abuse, depression, and homelessness.
  - Evidenced-based psychotherapies are available at VA medical centers
  - Vet Centers have specially trained counselors.
  - For Veterans who need more intensive treatment, many VHA facilities offer mental health residential rehabilitation and treatment programming (MH RRTP), a resource which is rare to non-existent in the private sector. A number of these residential programs focus specifically on MST or have specialized MST tracks.
  - VHA also has inpatient programs available for acute care needs (e.g., psychiatric emergencies and stabilization, medication adjustment):
- MST-related mental health outpatient care FY 2011:
  - Rates of Veterans utilizing MST-related mental health outpatient care have been increasing over time.
  - OEF/OIF/OND Veterans utilize MST-related mental health care at higher rates than other Veterans.
- Care and awareness-raising initiatives:
  - MST support team's "Making Connections" campaign:
    - Initiative to encourage MST Coordinators to increase their visibility within their facility in order to improve Veterans' ability to access MST-related services.
    - A variety of resources have been developed and distributed to MST Coordinators to assist in these efforts, including tip sheets, posters, handouts, and contact cards.
  - Sexual assault awareness month activities in April.
  - In addition to these efforts targeting Veterans, the MST Support Team has made special efforts to ensure Transitioning Servicemembers (TSMs) and newly discharged Veterans are aware of VA's MST-related services:
    - MST outreach brochure posted on DoD websites.
    - Information about VA's MST-related services and benefits included in DoD SafeHelpline staff trainings and on the SafeHelpline website.
    - Review of VA websites for OEF/OIF/OND Veterans to ensure information about MST is included.
    - TSMs and newly discharged Veterans identified as a priority target group for MST Coordinator outreach.
    - Efforts to facilitate stronger working relationships between MST coordinators and DoD sexual assault response coordinators.
    - 2013 Sexual Assault Awareness Month theme will focus on newly discharged Veterans.



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- Ongoing collaborations with other national VA program offices and DoD's Sexual Assault Prevention and Response Office to discuss how to best reach TSMs and newly discharged Veterans.
- Ongoing staff education and training activities:
  - VA has had a range of voluntary MST-related training opportunities available for staff for many years, including:
    - Monthly training calls for VA staff on a variety of MST-related topics.
    - Annual training conference for VA staff on clinical care and development of treatment programming.
    - VA intranet website with MST-related resources and discussion forums ([vawww.mst.va.gov](http://vawww.mst.va.gov)).
    - Online independent study course on MST and other web-based educational materials.
  - MHS is conducting national rollout training programs on evidence-based therapies.
  - New mandatory training:
    - In January, 2012, VHA Directive 2012-004 established a new one-time mandatory training requirement on MST for mental health and primary care providers.
- MST-related collaborations with VBA:
  - MST support team "sensitivity training" presentation to VBA women Veteran coordinators in April, 2011.
    - Training subsequently made mandatory for VBA staff processing MST-related compensation claims.
  - MST-specific training and other efforts targeting VHA compensation and pension examiners and VBA staff that develop and rate claims, including presentation at recent national conference and a satellite broadcast.
  - Collaborations to address issues related to the compensation process and mental health more generally.
- Updates to recommendations from the 2012 Report of the Advisory Committee on Women Veterans:
  - Recommendation 2: That VA develops a system-wide strategic plan which specifies the requirements for service delivery of inpatient mental health services for women Veterans, and that indicates how VA will implement and evaluate these established requirements.
    - VHA has a plan in place to meet the needs of women Veterans requiring inpatient or residential care.
    - Each VISN must have inpatient and residential treatment programs that can accommodate the needs of women Veterans.
    - When sub-specialty residential care needs are required that are not available within a VISN, memorandum of understandings are to be created with other VISNs that have these services.
    - As of first quarter FY 2012, every VISN had the capacity to serve women requiring residential treatment.
    - In accordance with the Uniform Mental Health Services Handbook (VHA Handbook 1160.01), inpatient and residential care facilities are to have

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separate and secure sleeping arrangements for women, which should include door locks and close proximity to staff.

- VHA Handbook 1162.02 also specifies requirements for gender-specific services for women Veterans admitted for residential treatment.
- Currently, requirements for inpatient and residential care for women Veterans are monitored through the Office of Mental Health Operations (OMHO) site visits.
- As part of the OMHO site visits in FY 2012, compliance with the Uniform Mental Health Services Handbook, which included reviews of inpatient and residential services for women Veterans, was reviewed. Concerns identified are addressed as part of the site visit review and feedback process.
- Residential treatment programs are also required to report on safety and security requirements specific to women Veterans as part of the annual safety and security assessment, and to provide an action plan and quarterly updates when requirements are not met.
- Programs also provide a narrative detailing the scope of gender-specific services as part of their annual narrative submitted to MHS.

### **Million Veterans Program, Dr. Joel Kupersmith, Chief Research and Development Officer (CRADO), VHA**

- Million Veterans Program (MVP), a major genomic medicine initiative:
  - Goal is to enroll one million Veterans, over five to seven years, in a population (non disease-specific) genomic database.
  - Comprehensive, interdisciplinary data collection and analysis on 1,000,000 Veterans to link clinical electronic health record (EHR) data with genomic data.
  - Link DNA findings to EHR.
  - MVP database will enable cutting-edge studies of Veterans' genes and diseases for prevention and treatment.
  - Database will have available:
    - DNA specimens and links to tissue specimens.
    - Access to the VA EHR.
    - IT capability to identify patients for a variety of types of studies.
    - Analytical tools.
  - MVP enrollment process:
    - Receive letter of invitation:
      - Invites Veteran to participate in research to understand effect of genes on health
      - Provides instruction how to: opt-in or opt-out.
      - Re-contact of non-respondents, by phone or mail.
    - Read and sign an informed consent and HIPAA authorization.
    - Fill out health and behavior surveys.
    - Provide contact information.
    - Provide a blood sample.
    - Get an optional health assessment.

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- Allow secure access to VA and VA-linked medical and health information.
- Research using MVP database:
  - Identification and validation of genomic associations.
  - Genomic customization of treatment – observational studies to be validated by clinical trials (including trials conducted by the VA Cooperative Studies Program).
  - Population surveillance (illnesses following deployment, for example).
  - Studies validating the effectiveness of using genomic data in the health care system.
  - Treatments based on genetic expression, metabolomics and proteomics.
  - Large scale studies/databases:
    - Serious mental illness: schizophrenia and bipolar disorder.
    - Deployment-related mental illness: PTSD resilience.
- MVP women participants: self-reported diseases and conditions:
  - Most prevalent conditions in women are depression (48.5 percent), high cholesterol (47.6 percent) and hypertension (46 percent), followed by osteoarthritis (28 percent) and anxiety/panic disorder (28 percent).
  - In men, the top 2 were hypertension (66 percent), and high cholesterol (59 percent), followed by acid reflux/GERD (34 percent), hearing loss (33.55 percent) and tinnitus (33.45 percent).
- MVP women participants: service era differences:
  - Most women served from May 1975 to 1990 and August 1990-2001, including Gulf War.
  - Most men are from the Vietnam Era.
  - More women served in multiple service eras than men.
- More younger women are enrolled in the MVP than younger men.

### **Legislative Issues Affecting Women Veterans/Update on 2012 Report of the Advisory Committee on Women Veterans (Recommendation #8), The Honorable Joan M. Mooney, Assistant Secretary for Congressional and Legislative Affairs**

- National Defense Authorization Act for FY 2012, Public Law 112-81:
  - Title V, Subtitle D—military questions and legal matters; reform of offensive related to rape and sexual assault and other sexual misconduct:
    - Clarification and enhancement of the role of Staff Judge Advocate to the Commandant of the Marine Corps.
    - Persons who may exercise disposition authority regarding charges involving certain sexual misconduct offenses under the Uniform Code of Military Justice (UCMJ).
    - Independent review and assessment of UCMJ and judicial proceedings of sexual assault cases.
    - Collection and retention of records on disposition of reports of sexual assault.
  - Title V, Subtitle H—improved sexual prevention response:
    - Section 586 requires DoD, in consultation with VA, to develop a comprehensive policy on the retention of and access to evidence and records relating of sexual assaults involving members of the armed forces.

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- There are several women-Veterans specific bills pending in Congress.

**Office of Disability and Medical Assessment (DMA), Dr. Gerald M. Cross, Chief Officer, DMA**

- The Office of Disability and Medical Assessment was created nearly 2 years ago, by reorganizing existing staff (no new full time employees).
- It is a one-stop shop for responding to clinical, operational, analytical, and policy and program related issues involving disability exams.
- DMA provides:
  - A focus on improvement of exam quality.
  - Building collaborations/alliances, understanding needs/requirements for compensation and pension (C&P) disability exam-related efforts.
  - Focus on VHA, VBA, and DoD.
  - Training, policy and supporting VA initiatives and strategic projects.
- Approximate exam workload (VBA and VHA) for FY 2012:
  - Total disability exams requested: 2.4 million.
  - VHA number of exams requested: 2.2 million.
  - Of the above VHA exams, number to VHA:
    - Contractors (vendor data): 59,000.
    - Number of exams to VBA contractors (VBA data): 199,000.
- Timeliness (historical best for both C&P and Integrated Disability Evaluation System [IDES]):
  - In January 2011, the National timeliness average for C&P was 38 days; an IDES exams exceeded 70 days.
  - The national standard for C&P exams is 30 days or less; 45 days or less for IDES.
  - In October 2012, C&P exams were completed in 26 days; and IDES exams were completed in 35 days.
- Disability Examination Management (DEM) contract:
  - Provides Nationwide network of disability exam resources through five different contractors.
  - Flexible contract program provides VAMCs' ability to augment in-house resources to maintain timeliness and quality.
    - Allows VAMCs to respond to "surges."
    - Useful when requests exceed in-house resources and when staffing needs dictate.
- International efforts:
  - Disability examinations have been successfully conducted by teams from VHA, for Veterans residing in Japan.
  - Now using our VHA (DEM) contract in some areas overseas.
- DMA initiatives:
  - Establish a process to evaluate complex medical conditions related to Camp Lejeune water claims.
  - Develop a plan to address claims associated with the Veterans Opportunity to Work (VOW) legislation approved by Congress.

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- Develop a plan to implement a standardized Separation Health Assessment (SHA) for separating Servicemembers.
- Completed a joint VHA/VBA initiative-acceptable clinical evidence (ACE) to better serve disabled Veterans.
  - ACE process allows medical professionals to use extent medical evidence to prepare a Disability Benefits Questionnaire (DBQ), instead of requiring some Veterans to be examined in person.
- Locum tenens (or staff fulfilling duties of vacant positions) in C&P.
  - Allows rapid replacement for staff losses.
    - Status is ongoing, centrally funded.
    - Many physician participants have been permanently hired.
  - Hired 45 mobile C&P examiners with 35 examiners on board.
    - Includes 27 physicians, six psychologists, one psychiatrist, one nurse practitioner.

### **Meeting Adjourned**



Shirley A. Quarles, Ed.D., R.N., F.A.A.N.  
Chair, Advisory Committee on Women Veterans



Irene Trowell-Harris, Ed.D., R.N.  
Designated Federal Officer